## For receiving Office use only International Application No. REQUEST International Filing Date The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty. Name of receiving Office and "PCT International Application" Applicant's or agent's file reference (if desired) (12 characters maximum) Box No. I TITLE OF INVENTION Universal Card for Multiple Uses Box No. II APPLICANT This person is also inventor Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) Telephone No. (55) 5536 4824 Facsimile No. ACOSTA CASTANEDA JOSÈ MANUEL (55) 5536 4824 Teleprinter No. Insurgentes Sur 559, Mèxico 03810, D. F. Applicant's registration No. with the Office Mèxico PCT/MX2003/000102 State (that is, country) of nationality: State (that is, country) of residence: This person is applicant all designated States all designated States except the United States of America the United States the States indicated in for the purposes of: of America only the Supplemental Box FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S) Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office State (that is, country) of nationality: State (that is, country) of residence: This person is applicant for the purposes of: all designated States all designated States except the United States of America the United States the States indicated in the Supplemental Box of America only Further applicants and/or (further) inventors are indicated on a continuation sheet. Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE The person identified below is hereby/has been appointed to act on behalf common agent of the applicant(s) before the competent International Authorities as: representative Name and address: (Family name followed by given name; for a legal entity, full official designation. Telephone No. The address must include postal code and name of country.)

Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Facsimile No.

Teleprinter No.

Agent's registration No. with the Office